

Bureau of Health Care Quality and Compliance

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>NVS2134AGZ</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED  <b>C</b> <b>11/03/2010</b>
NAME OF PROVIDER OR SUPPLIER  <b>HERITAGE SPRINGS</b>		STREET ADDRESS, CITY, STATE, ZIP CODE <b>8720 W. FLAMINGO ROAD</b> <b>LAS VEGAS, NV 89147</b>		
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Y 000	Initial Comments  The findings and conclusions of any investigation by the Health Division shall not be construed as prohibiting any criminal or civil investigations, actions or other claims for relief that may be available to any party under applicable federal, state, or local laws.  This Statement of Deficiencies was generated as a result of a complaint investigation conducted regarding your facility from 7/1/10 through 11/3/10. This State Licensure survey was conducted by the authority of NRS 449.150, Powers of the Health Division.  The facility is licensed for 127 Residential Facility for Group beds with 100 beds for elderly or disabled persons, and/or 27 beds for persons with Alzheimer's disease.  Complaint #NV00025756 was substantiated. See Tag Y850.	Y 000		
Y 850 SS=G	449.274(1)(a) Medical Care of Resident  NAC 449.274 1. If a resident of a residential facility becomes ill or is injured, the resident's physician and a member of the resident's family must be notified at the onset of the illness or at the time of the injury. The facility shall: (a) Make all necessary arrangements to secure the services of a licensed physician to treat the resident is the resident's physician is not available.	Y 850		

If deficiencies are cited, an approved plan of correction must be returned within 10 days after receipt of this statement of deficiencies.

TITLE

(X6) DATE

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

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Y 850	<p>Continued From page 1</p> <p>This Regulation is not met as evidenced by: Based on record review and interviews from 7/1/10 to 11/3/10, the facility failed to provide protective supervision for 1 of 1 residents which resulted in a negative outcome (hospital admission) (Resident #1).</p> <p>Findings include:</p> <p>Resident #1's facility file contained a Medication Management Agreement dated 3/24/10 and signed by Resident #1. The agreement indicated the resident would take full responsibility for the management of all his medications. The resident's facility assessment record indicated the family would help Resident #1 manage his medications. The resident's family pre-filled his insulin syringes each week and the resident was able to administer his nightly insulin injection to himself. It was documented the resident could also manage his daily blood glucose checks.</p> <p>Resident #1's assessment record related that the facility would be responsible for health monitoring and monthly vitals. The assessment indicated the resident would manage his diet independently and that he was aware of proper nutritional needs. The facility Residency Agreement did not list any additional fees to provide health monitoring and monthly vitals.</p> <p>Facility records revealed that on 5/28/10 at approximately 8:45 AM, a caregiver went to Resident #1's apartment to check on him and observed him on the floor on his back next to his bed. Resident stated "I slipped." Assessment by Employee #1 revealed no apparent injuries and</p>	Y 850			

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Y 850	<p>Continued From page 2</p> <p>the resident was able to move all four extremities. Resident was able to assist himself off the floor with minimal staff assistance.</p> <p>On 5/29/10 AM (no specific time listed), the resident's blood sugar measured 276. Notes stated resident's questionable compliance with self-medication ability. Eleven insulin syringes were counted in his room. A FAX transmittal sheet to Dr. Christiansen-Tistle (dated 5/29/10 at 3:00 PM) stated the "resident appears lethargic, dry mouth, sweet breath. Blood sugar by Accucheck 267. No evidence of resident's compliance with medication, specifically insulin". There was no evidence in the facility records or the resident's file that facility staff checked on or monitored the resident's health status between the time the resident's blood sugar was documented to be elevated (AM) and the Accucheck testing at approximately 3:00 PM. Employee #1 stated that the normal care facility protocol is to monitor residents every two hours.</p> <p>Resident #1's family came to the facility later that day and found him in bed in his room disoriented. The family collaborated with the care facility and made the decision to transport the resident to the hospital. The care facility placed a call to the hospital triage nurse to notify them of the resident's arrival.</p> <p>The hospital's Emergency Nursing Record documented the resident's sign-in occurred on 5/29/10 at 3:20 PM. The resident was diagnosed with diabetic ketoacidosis, severe dehydration and a blood sugar level of 439-462. Resident #1's hospital record indicated the resident could not give any history to hospital staff because he was disoriented. He answered questions with hesitation and he did not know the date, the year,</p>	Y 850			

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Y 850	<p>Continued From page 3</p> <p>the day of the week, or his birth date.</p> <p>Resident #1's hospital record related it was reported to staff that the resident's oral intake for the last three days was less than 50% but it was not clear if this information came from his family or the resident. Staff noted the resident appeared to be severely dehydrated. Additional resident patient history given by his family indicated Resident #1 prepared his own meals at the assisted living facility where he lived and he was diabetic.</p> <p>On 6/1/10, Resident #1's family spoke with the care facility's Executive Director. The family gave move-out notice, stating that the resident would be unable to care for himself and would require 24-hour care upon discharge from the hospital. The resident did not return to the facility and his belongings were moved on 6/12/10.</p> <p>During an interview on 7/2/10, the step-daughter of Resident #1 stated that in her opinion, Resident #1 required care that the facility could not provide. She related that she was concerned whether or not the resident had been eating properly and she believed the facility was supposed to make sure that he ate. She noted that at his last doctor visit, the resident had lost 12 pounds. She stated that Resident #1 was not always honest about whether or not he was eating. She was also concerned about him reliably taking his medications.</p> <p>During an interview on 7/2/10, Employee #1 confirmed that Resident #1 had insulin syringes in his room, that he gave his own insulin injections, and that he was also supposed to check his blood sugar levels. She was not sure Resident #1 had been taking his insulin at the time he was</p>	Y 850			

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Y 850	Continued From page 4 transported to the hospital.  Severity: 3 Scope: 1	Y 850			

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